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10581548 - GAU: 3656 NO. 0462 P. 1/11

MAY 2 3 2007

Application No. 10/581,548

Docket No. 740819-1146

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

-1-

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for First Class Mail in an envelope addressed to: Commissioned for Patents, P.O. Box 1459, Alexandra, VA 22313-1450, or being fluctimate transmitted to the USPTO at 571-273-8300 on May 23,

Signature: Usbayah Workshiedi.

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INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In accordance with the duty of disclosure as set forth in 37 C.F.R. §1.56, Applicants hereby submit the following information in conformance with 37 C.F.R. §§ 1.97 and 1.98. Pursuant to 37 C.F.R. § 1.98, a copy of each of the documents cited is enclosed.

The documents are being submitted within three (3) months of the filing of this application or entry into the national stage of this application, or before the first Office Action on the merits, whichever is later, therefore no fee or certification is required under 37 C.F.R. § 1.97(b).

It is requested that the accompanying PTO-1449 be considered and made of record in the above-identified application. To assist the Examiner, the documents are listed on the attached form PTO-1449. It is respectfully requested that an Examiner initial a copy of this form and return it to the undersigned.

10581548 - GAU: 3656 NO. 0462 P. 2/11

-2-

Application No. 10/581,548 Docket No. 740819-1146

The Commissioner is hereby authorized to charge any fees connected with this filing which may be required now, or credit any overpayment to Deposit Account No. 19-2380.

Respectfully submitted,

By: Donald R. Studebaker
Registration No. 32,815

NIXON PEABODY LLP Suite 900 401 9th Street, N.W. Washington, DC 20004-2128 Telephone: (202) 585-8000 MAY. 23. 2007 6:59PM

10581548 - GAU: 3656 RECEIVED 866 741 0075 NO. 0462 P. 3/11 CENTRAL FAX CENTER

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Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (List 21 HAPT) Checks CO. PICCEAST(1)					Complete if Known					
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^{*}EXAMINER: Initial if reference considered, whether or not clission is in conformance not considered. Include copy of this form with next communication to applicant.